



South East Consortium Summer Day Camp Programs

South East is happy to welcome you back to another season of Summer fun at our Summer Day Camps! As we approach the camp season, it is important that we share with you the important information to give you a basic understanding of the policies and procedures, both changed and unchanged, that we will be following this Summer. If your camper has aged out of SEC Day Camp. Please call the SEC office to discuss what options are available for your camper. South East will be offering camps in the Town of Eastchester and the Village of Scarsdale. Based on the highest percentage of campers comprising enrollment in 3rd – 8th grade (ages 8-14) reside in Eastchester, Bronxville and Tuckahoe, South East has partnered with the Town of Eastchester Department of Recreation to enroll campers in the aforementioned grades in Camp Galaxy Sr.

Camper Eligibility: It is important to understand the eligibility requirements that South East Consortium follows in order to determine if camp is an option for your child. Individuals attending SEC Day Camps must have Respite approval from OPWDD/Medicaid in order to enroll. Consortium residents who have been denied by OPWDD can be accepted at camp, but rejection letters must be submitted to South East Consortium at the time of registration. Please ensure that you communicate with your care coordinator and self-direction broker to ensure that he/she is aware of your plans to attend camp. This must be done as soon as possible, or you will be held liable for the OPWDD/Medicaid reimbursement rate of \$32.41 per hour. They can reach out to the SEC office to ensure that respite units are appropriately allocated. Without allocated units on your Life Plan/Budget, we will be unable to accept your camper this year.

Camp carries an out-of-pocket cost for all campers. This is not including the reimbursement from Medicaid. At the time of registration, you will receive an invoice for camp. Costs and installment dates are included further in this document. For individuals on self-direction, we cannot guarantee that your out-of-pocket cost will be reimbursed by your Fiscal Intermediary. We strongly advise contacting them to determine what their policies are in terms of reimbursing out of pocket costs for respite programs. There is a common misconception that Self Direction will cover all expenses related to camp. Unfortunately, this can vary from FI to FI, we encourage you to inquire about their specific policies.

Any child, age 5 to 14 who is diagnosed with a Developmental Disability (ask for a definition) who resides in one of the component municipalities and is confirmed OPWDD eligible for reimbursement under the New York State Office for People with Developmental Disabilities Office guidelines will be given priority. Children with other special needs or those who do not qualify for OPWDD Eligibility are encouraged to seek enrollment but will need to pay an additional fee and prove that they have been deemed ineligible for services. Please note, SEC is unable to provide 1:1 staffing for individuals. If you believe this will be necessary for your camper, please contact the South East office to discuss your options.

If you decide your child meets our eligibility requirements and you wish to pursue enrollment, please visit our website at www.secrc.org and click on the Program Enrollment tab. You will need sign up for a RecDesk account to enroll your camper online prior to the enrollment start date. This account will allow you access and upload all of your campers' forms. All accounts must be approved (which may take up to 24hrs.) prior to enrolling in camp/programs. **Camp Forms (Permission Slips, Medication forms, etc.) will be available on the website beginning March 27th, 2025. Camp Enrollment opens on March 31st, 2025 at 12:00 PM by calling the SEC office at (914)-698-5232.**

Orientation Meeting for Families: An orientation meeting for families will be held via Zoom on May 13th at 6:00PM. It is highly recommended all families attend. **It is mandatory for any new families to attend.**

Eastchester Camp Galaxy Dates & Locations: Camp will run from July 1st to August 1st (24) days. Camp hours are from 9:00AM – 3:00PM. Camp will not run on July 4th.

Camp Galaxy Sr. (3rd - 8th Grades): Eastchester Middle School for campers residing in Eastchester, Bronxville and Tuckahoe.

Camp Cost: Confirmed OPWDD Eligible/HCB Medicaid Waiver: \$1150
Non-OPWDD Eligible/Other: \$1850

Scarsdale Camp Dates & Location: Camp will run from July 7 to August 8 (25 days). Camp hours are from 9:00AM – 3:30PM.

Camp Cost: Confirmed OPWDD Eligible/HCB Medicaid Waiver: \$1200
Non-OPWDD Eligible/Other \$1800

All campers enrolled with South East are interactively grouped with municipal campers as appropriate. South East campers are supervised by South East staff who will be accountable to a South East Camp Director at each camp location.

Camp Patthunke (3rd-8th Grades): Scarsdale Middle School for campers residing in Scarsdale, Mamaroneck, Larchmont, Harrison, Rye, Pelham and Portchester.

Payment: Please note that the prices listed here reflect the out-of-pocket cost assessed to the individual at time of enrollment. These fees are not covered by OPWDD/Medicaid billing as they reflect non-billable expenses. Full payment for camp would be appreciated at the time of enrollment/acceptance. South East does offer the option of a payment plan. For OPWDD/Waiver individuals, payment plan for camp requires \$100 non-refundable deposit due at the time of enrollment/acceptance and the first payment of \$300 by April 22nd, the second payment of \$400 is due May 20th and the final payment of \$400 on June 15th. Full payment must be received by June 15 for your child to attend camp.

Camp Staff: South East employs a seasoned, experienced professional as Camp Director at each camp site. South East provides counselor staff at a 1:2 ratio to supervise campers at all times. Camp counselors range from teacher aides to college and high school students. South East shares the services of an EMT personnel for health purposes. Each camp staff member must undergo a criminal background check and fingerprint screening. All staff attend a three-day orientation session prior to the start of camp.

South East
Consortium



South East Consortium Camp Galaxy Swim Permission Slip

The New York State Department of Health requires all camps to have written permission for children to participate in any off-site camp activities, such as swimming at the Lake Isle Pool Complex.

Please complete the form below and return it to the South East Consortium by June 16th, 2025.

Only campers with signed permission slips will be allowed to participate in the aforementioned activities. If you have more than one camper participating in camp, please fill out one form per camper. Thank you for your assistance.

South East Consortium Day Camp Off-Site Activity
Permission Slip Camp Galaxy

I give my camper _____ entering Grade ____ (in September) permission to participate in the Eastchester Camp Galaxy Off-Site Activity Program conducted at the Lake Isle Pool Complex throughout the summer of 2025. I understand the following:

- Campers will be transported to the off-site facilities by school bus.
- Campers may be asked to wear a mask on the camp vehicles. Families will be notified if this is the case.
- Campers will be supervised by camp staff as well as qualified lifeguards at the swim facility.
- Campers will be identified by their swim ability with a colored wristband.

Parent/Guardian Name: _____

Signature of Parent/Guardian: _____

Please return all camp forms by

June 16th, 2025 to:

South East Consortium For Special Services Inc.

740 West Boston Post Road, Suite 318
Mamaroneck, New York 10543
Fax number (914) 698-7125



**South East Consortium
Camp Galaxy
Sunscreen Authorization form**

Chapter 242 amended NYS Public Health Law permitting a child to possess and use sunscreen at camp when all the following apply:

- (1) It is used to protect against overexposure to the sun.
- (2) It is approved by the FDA for over-the-counter use
- (3) The parent or guardian provides written permission for the child to carry

Please complete and sign this form if you would like your camper to use, carry and/or would like assistance applying sunscreen during camp hours.

Camper's name _____

Sunscreen Permission:

- I consent to have my camper carry and use sunscreen she/he has brought to camp, which is FDA approved for over-the-counter use to avoid overexposure to the sun.

Parent/Guardian Signature: _____

Print Name: _____ *Date:* ____/____/____

- I consent to have a day camp staff member assist with the application of sunscreen when my camper is unable to do so, or if my camper requests the assistance.

Parent/Guardian Signature: _____

Print Name: _____ *Date:* ____/____/____



South East Consortium Camp Galaxy Medication Authorization

In accordance with the Nurse Practice Act and the State Education Law, camp personnel may not dispense medication- whether perscribed or over-the-counter - to a camper unless it is authorized by the camper's parent(s)/guardian and their physician.

This form allows the camp EMT and administrative staff to store your camper's medication and to supervise our camper in self-administration of their own medication. Please complete a separate form for each medication taken and submit it with your camper's medication in its original packaging to the Camp Office.

Note: Emergency medication (e.g. EpiPen, Benadryl, albuterol inhaler) may be carried by your camper instead of being stored in the camp office.

Date: ___/___/___

I hereby grant permission to the camp EMT and administrative staff to store and to supervise the self-administration of my campers medication as detailed below by our physician.

Camper's name _____ Grade in Sept. _____

Address _____

Parent(s)/Guardian(s) names: _____

Parent/ Guardian #1 Cell (____) ____ - ____ Home (____) ____ - ____ Work (____) ____ - ____

Parent/Guardian #2 Cell (____) ____ - ____ Home (____) ____ - ____ Work (____) ____ - ____

Emergency Contact Name: _____ Relationship to Camper _____ Phone(____) - ____ - ____

Check all that apply:

- I would like my camper to carry their EpiPen/Benadryl/inhaler (circle one) at all times.
- I would like my camper's EpiPen/Benadryl/inhaler (circle one) to be stored in the camp office.
- I would like my camper's EpiPen/Benadryl/inhaler (circle one) to be stored in the pool office.

Parent/Guardian Signature: _____

This portion must be completed by your camper's physician. Date ___/___/___

_____ is to receive _____
camper name medication

for _____

indication

Dose _____ Route _____ PRN or Frequency _____

Notes: _____

Physician's Name _____ Signature _____

Phone (____) ____ - ____ Address _____